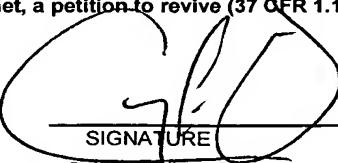


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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 | ATTORNEY'S DOCKET NUMBER<br>05-331                                  |
| INTERNATIONAL APPLICATION NO.<br>PCT/EP2003/010672                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INTERNATIONAL FILING DATE<br>September 25, 2003 | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/534570</b> |
| TITLE OF INVENTION<br>APPLICATION DEVICE, IN PARTICULAR MAKEUP DEVICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                                                                     |
| APPLICANT(S) FOR DO/EO/US<br>Reinhard Bauer et al.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                     |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                 |                                                                     |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> </p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> </p> <p>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ul> </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> |                                                 |                                                                     |
| <p><b>Items 11 to 20 below concern document(s) or information included:</b></p> <p>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input checked="" type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input type="checkbox"/> Other items or information:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                                                                     |

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|-----------------|------------------------------------|--|----------------------------------------------------------------|----------|----------------------|-----------------|-------------------------------------------------------------|----------|-----------|--|--------------------------------------------------------|----------|-----------|--|------------------------------------------------|--|-----------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/534570</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              | INTERNATIONAL APPLICATION NO.<br>PCT/EP2003/010672                            |                 | ATTORNEY'S DOCKET NUMBER<br>05-331 |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| 21. The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <table border="1"> <tr> <td><input checked="" type="checkbox"/> a) Basic national fee.....</td> <td>\$300.00</td> <td>Applicant use</td> <td>Office use only</td> </tr> <tr> <td><input checked="" type="checkbox"/> b) Examination fee.....</td> <td>\$200.00</td> <td>\$ 300.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> c) Search fee.....</td> <td>\$500.00</td> <td>\$ 200.00</td> <td></td> </tr> <tr> <td colspan="2"><b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b></td> <td>\$ 500.00</td> <td></td> </tr> <tr> <td colspan="6"> <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.         </td> </tr> </table> |              |                                                                               |                 |                                    |  | <input checked="" type="checkbox"/> a) Basic national fee..... | \$300.00 | Applicant use        | Office use only | <input checked="" type="checkbox"/> b) Examination fee..... | \$200.00 | \$ 300.00 |  | <input checked="" type="checkbox"/> c) Search fee..... | \$500.00 | \$ 200.00 |  | <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b> |  | \$ 500.00 |  | <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof. |  |  |  |  |  |
| <input checked="" type="checkbox"/> a) Basic national fee.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$300.00     | Applicant use                                                                 | Office use only |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <input checked="" type="checkbox"/> b) Examination fee.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$200.00     | \$ 300.00                                                                     |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <input checked="" type="checkbox"/> c) Search fee.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$500.00     | \$ 200.00                                                                     |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS = \$1000.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              | \$ 500.00                                                                     |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Extra sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE            |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| - 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | /50 =        |                                                                               | x \$250.00      | \$                                 |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NUMBER FILED | NUMBER EXTRA                                                                  | RATE            | \$                                 |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15           | - 20 =                                                                        | x \$50.00       | \$                                 |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1            | - 3 =                                                                         | x \$200.00      | \$                                 |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                               | + \$360.00      | \$                                 |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS = \$ 1,130.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by ½.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <b>SUBTOTAL = \$ 1,130.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <b>TOTAL NATIONAL FEE = \$ 1,130.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED = \$ 1,130.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <table border="1"> <tr> <td>Amount to be refunded:</td> <td rowspan="2" style="background-color: #e0e0e0;">\$</td> </tr> <tr> <td>Amount to be charged</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                                                                               |                 |                                    |  | Amount to be refunded:                                         | \$       | Amount to be charged |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Amount to be refunded:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$           |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Amount to be charged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,130.00</u> to cover the above fees is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-0184</u> . A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| BACHMAN & LaPOINTE, P.C.<br>900 Chapel Street, Suite 1201<br>New Haven, CT 06510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Tel.: 203-777-6628<br>Fax: 203-865-0297<br>Email: docket@bachlap.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| <br>SIGNATURE<br>Gregory R. LaPointe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| NAME<br>28,395                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| REGISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                               |                 |                                    |  |                                                                |          |                      |                 |                                                             |          |           |  |                                                        |          |           |  |                                                |  |           |  |                                                                                                                                                                                                                                                                            |  |  |  |  |  |